

# Franchise Application form

CONFIDENTIAL



**LiquorLand**  
*Wine. Beer. Spirits.*

## What does Liquorland Limited need to know about you?

**Liquorland is a household name and has the largest single market share of any retail liquor chain in New Zealand. This reputation has been built over many years based on our professionalism and desire for excellence in all aspects of the business.**

In order to maintain this position and the high standards set, together with ensuring that the investment of our other Franchisee's and the value they add to the business is preserved, strict entrance criteria needs to be observed.

The information we are requesting in this application form is being collected for the purpose of determining whether we will enter into a Franchise arrangement with you.

As part of the application process, we will also be collecting information about you from other sources.

We will:

- a. Undertake a credit check through various credit facilities as appropriate;
- b. Contact those institutions that have provided credit to you in the last five (5) years, for a credit reference;
- c. Contact your landlord (if you are renting your present address) to obtain details of your rent history with him or her;
- d. Contact your personal referees for a reference;
- e. Contact your current and previous employers for a work reference; and
- f. Contact any third party for which you have guaranteed any obligation to confirm the extent of your commitment.

In order for us to gain a better understanding of your financial position, we are also requesting certain details about your partner/spouse. We will undertake a credit reference on him/her.

(Please ensure that your partner/spouse is aware of this before you complete his or her details in the form).

It is not necessary for you to give your partner/spouse's details in section 1 if he or she will be a shareholder of the company that will enter into the Franchise Agreement with us, if your application is successful.

**In that case, your partner/spouse must complete a separate application form (see section 3).**

If we enter into a Franchisee Agreement with you, the information supplied to Liquorland Limited will also be provided to Foodstuffs New Zealand to be used for the following:

- a. Determining eligibility and terms for the provision of credit to you;
- b. Possible supply to you with goods and/or services (including information and offers there to) of Foodstuffs New Zealand.
- c. Providing you with marketing and promotional material;
- d. Enforcing debts and other legal obligations owing to Liquorland Limited and/or Foodstuffs New Zealand.
- e. Disclosures to third parties associated with any of the foregoing purposes.

if all information requested is not provided then your application may not be considered or accepted.

Please feel free to contact our Regional Operations Managers if you have any queries or questions.

### **Liquorland Limited: Franchise Application Form**

Street Address:

**35 Landing Drive, Mangere,  
Auckland 2022, NEW ZEALAND**

Postal Address:

**DX Box EX11366  
Auckland, NEW ZEALAND**

### **Regional Operations Managers:**

#### **Upper North Island**

Mark Satherley 027 200 1363  
marks@liquorland.co.nz

#### **Lower North Island**

Shane Elers 027 273 1997  
shanee@liquorland.co.nz

#### **South Island**

James Laird 021 823 052  
jamesl@liquorland.co.nz



# LiquorLand

*Wine. Beer. Spirits.*

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Section 1

# Personal information

|  |                            |                |
|--|----------------------------|----------------|
| Surname  |                            |                |
| Given name/s   |                            |                |
| Date of birth  |                            |                |
| Home phone   | Business phone             |                |
| Mobile phone   | Fax                        |                |
| E-mail   |                            |                |
| Marital status   | Spouse/Partner's Name      |                |
| Address  |                            |                |
|  | Length at current address  | MONTHS / YEARS |
| If less than two years at your current address, please write your previous address |                            |                |
|  | Length at previous address | MONTHS / YEARS |
| If you rent, please write your landlord's name, phone and address                  |                            |                |
|  | Landlord's phone           |                |

# Education

Please write the qualifications (if any) you have obtained during both school and post school education  
*E.g. School Certificate, University Entrance, Degree, Diploma*

| Qualification | Institute qualification was obtained at |
|---------------|---|
|               |   |
|               |   |
|               |   |
|               |   |

Please write any other training you have had  
*List any courses undertaken, exams sat, e.g. three years retail sales, management*

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Please write about the experiences you have had that may lend themselves to assisting you with a retail franchise

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Section 2

# Work experience

## Present Occupation

Note: If not presently working, detail last employment and give reasons as to why you are not working.

|   |  |                  |                |
|---|--|------------------|----------------|
| Occupation  |  |                  |                |
| Position  |  | Time in position | MONTHS / YEARS |
| Employer's name   |  |                  |                |
| Employer's address  |  |                  |                |
| Briefly describe your job description<br><i>e.g. purposes of position, accountability, number of persons reporting to you (if any) etc.</i> |  |                  |                |
| Previous positions within the company   |  | MONTH / YEAR     | – MONTH / YEAR |
|   |  | MONTH / YEAR     | – MONTH / YEAR |
|   |  | MONTH / YEAR     | – MONTH / YEAR |

## Previous employment

List from most recent and cover the last five years.

Please specify if you were a sole trader or self-employed in relation to your employment history.

|  |                    |  |              |   |              |
|--|--------------------|--|--------------|---|--------------|
| 1  | Business name      |  | MONTH / YEAR | - | MONTH / YEAR |
|  | Nature of business |  | Position     |   |              |
| 2  | Business name      |  | MONTH / YEAR | - | MONTH / YEAR |
|  | Nature of business |  | Position     |   |              |
| 3  | Business name      |  | MONTH / YEAR | - | MONTH / YEAR |
|  | Nature of business |  | Position     |   |              |
| 4  | Business name      |  | MONTH / YEAR | - | MONTH / YEAR |
|  | Nature of business |  | Position     |   |              |
| <p>Have you ever worked in the Liquor industry or in a retail environment?<br/>If yes, please write details.</p>   |                    |  |              |   |              |
| <p>Are any of your family members presently employed in the Liquor industry or do you have a financial interest in the Liquor industry in any way?<br/>If yes, please write details.</p> |                    |  |              |   |              |

Section 3

# Proposed ownership details

Name of company

Liquorland Limited requires the business to be held in the name of a registered company with all directors/shareholders acting as guarantors (this can be done at a later date if required).

## Details of Directors

|   |            |  |                              |
|---|------------|--|------------------------------|
| 1 | Name       |  |                              |
|   | Address    |  |                              |
|   | Occupation |  | Appointed DAY / MONTH / YEAR |
| 2 | Name       |  |                              |
|   | Address    |  |                              |
|   | Occupation |  | Appointed DAY / MONTH / YEAR |
| 3 | Name       |  |                              |
|   | Address    |  |                              |
|   | Occupation |  | Appointed DAY / MONTH / YEAR |
| 4 | Name       |  |                              |
|   | Address    |  |                              |
|   | Occupation |  | Appointed DAY / MONTH / YEAR |



## Details of shareholders

|   |            |  |              |
|---|------------|--|--------------|
| 1 | Name       |  |              |
|   | Address    |  |              |
|   | Occupation |  | Shareholding |
| 2 | Name       |  |              |
|   | Address    |  |              |
|   | Occupation |  | Shareholding |
| 3 | Name       |  |              |
|   | Address    |  |              |
|   | Occupation |  | Shareholding |
| 4 | Name       |  |              |
|   | Address    |  |              |
|   | Occupation |  | Shareholding |

If any other person will be **actively involved in the running of the business** i.e. your spouse, partner, or a shareholder in the company, please write their details below. They are also required to complete a separate application form.

|   |         |  |  |
|---|---------|--|--|
| 1 | Name    |  | LIQUORLAND USE ONLY<br>CHECK APPLICATION<br>FORM COMPLETED |
|   | Address |  |  |
| 2 | Name    |  | LIQUORLAND USE ONLY<br>CHECK APPLICATION<br>FORM COMPLETED |
|   | Address |  |  |
| 3 | Name    |  | LIQUORLAND USE ONLY<br>CHECK APPLICATION<br>FORM COMPLETED |
|   | Address |  |  |
| 4 | Name    |  | LIQUORLAND USE ONLY<br>CHECK APPLICATION<br>FORM COMPLETED |
|   | Address |  |  |

Will you be the principal employee of the business?

Yes

No

If any other person will be **actively involved in the running of the business** i.e. your spouse, partner, or a shareholder in the company, please write their details below. They are also required to complete a separate application form.

|   |         |  |  |
|---|---------|--|--|
| 1 | Name    |  | LIQUORLAND USE ONLY<br>CHECK APPLICATION<br>FORM COMPLETED |
|   | Address |  |  |
| 2 | Name    |  | LIQUORLAND USE ONLY<br>CHECK APPLICATION<br>FORM COMPLETED |
|   | Address |  |  |
| 3 | Name    |  | LIQUORLAND USE ONLY<br>CHECK APPLICATION<br>FORM COMPLETED |
|   | Address |  |  |
| 4 | Name    |  | LIQUORLAND USE ONLY<br>CHECK APPLICATION<br>FORM COMPLETED |
|   | Address |  |  |

*Please note: It is not necessary to complete the following questions in respect of your spouse or partner, if your spouse or partner is also completing an application form for a Liquorland Franchise.*

Do you; your spouse or your partner have any physical disabilities, limitations or health problems, which could in any way affect the running or operating of the business? *If yes, please provide details*

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Have you, your spouse or your partner(s) ever been convicted of any offence, other than a minor traffic offence? *If yes, please provide details*

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Section 4

# Personal and credit references

|   |         |  |                |
|---|---------|--|----------------|
| 1 | Name    |  |                |
|   | Company |  | Contact number |
| 2 | Name    |  |                |
|   | Company |  | Contact number |
| 3 | Name    |  |                |
|   | Company |  | Contact number |
| 4 | Name    |  |                |
|   | Company |  | Contact number |

## Credit references

|   |                       |  |                |
|---|-----------------------|--|----------------|
| 1 | Financial Institution |  |                |
|   | Contact name          |  | Contact number |
| 2 | Financial Institution |  |                |
|   | Contact name          |  | Contact number |
| 3 | Financial Institution |  |                |
|   | Contact name          |  | Contact number |
| 4 | Financial Institution |  |                |
|   | Contact name          |  | Contact number |

Section 5

# Statement of position

| CURRENT ASSETS   | AMOUNT                   |
|--|--------------------------|
| Cash on hand   | \$                       |
| Cash in bank(s) and institutions <i>Please list the branch of the bank or institution below</i>                                  |                          |
| 1.   | \$                       |
| 2.   | \$                       |
| 3.   | \$                       |
| Include all Investment Securities (shares, bonds, life insurance surrender value.<br><i>Please list the institution(s) below</i> |                          |
| 1.   | \$                       |
| 2.   | \$                       |
| 3.   | \$                       |
| Investment <i>Please list the description and address below</i>  | <i>List market value</i> |
| 1.   | \$                       |
| 2.   | \$                       |
| 3.   | \$                       |
| 4. Valuation of business assets  | \$                       |
| Plant and Equipment (including motor vehicles)   | \$                       |
| Other tangible assets <i>Please list the description of other tangible assets below</i>  |                          |
| 1.   | \$                       |
| 2.   | \$                       |
| 3.   | \$                       |
| Total assets   | \$                       |

## CURRENT LIABILITIES

## AMOUNT

## Overdrafts

| Lending institution | Branch | Balance owing |
|---------------------|--------|---------------|
| 1.                  |        | \$            |
| 2.                  |        | \$            |
| 3.                  |        | \$            |

## Mortgages

| Lending institution | Branch | Balance owing |
|---------------------|--------|---------------|
| 1.                  |        | \$            |
| 2.                  |        | \$            |
| 3.                  |        | \$            |

## Personal loans

| Lending institution | Branch | Balance owing |
|---------------------|--------|---------------|
| 1.                  |        | \$            |
| 2.                  |        | \$            |
| 3.                  |        | \$            |

## Creditors

| Name | Address | Balance owing |
|------|---------|---------------|
| 1.   |         | \$            |
| 2.   |         | \$            |
| 3.   |         | \$            |
| 4.   |         | \$            |
| 5.   |         | \$            |

CURRENT LIABILITIES

AMOUNT

| CURRENT LIABILITIES  |                    | AMOUNT        |
|--|--------------------|---------------|
| <b>Hire purchase arrangements</b>  |                    |               |
| Financier  |                    | Balance owing |
| 1.   |                    | \$            |
| 2.   |                    | \$            |
| 3.   |                    | \$            |
| <b>Covenants / Guarantees (Include loans or leases or other arrangements guaranteed for third party)</b> |                    |               |
| Personal Loans: Name and address   | Expiry date        | Balance owing |
| 1.   | DAY / MONTH / YEAR | \$            |
| 2.   | DAY / MONTH / YEAR | \$            |
| 3.   | DAY / MONTH / YEAR | \$            |
| Other debt: Description  |                    | Balance owing |
| 1.   |                    | \$            |
| 2.   |                    | \$            |
| 3.   |                    | \$            |
| <b>Total liabilities</b>   |                    | <b>\$</b>     |

| CURRENT LIABILITIES   | AMOUNT |
|---|--------|
| Fixed monthly commitments - outgoings                             |        |
| Mortgage  | \$     |
| Personal Loans Repayments   | \$     |
| Creditor Repayments   | \$     |
| Hire Purchase Repayments  | \$     |
| Other Repayments  | \$     |
| Personal Monthly Outgoings (not described above)                  | \$     |
| Rent  | \$     |
| Living Expenses (Food, Power, Entertainment, Insurance, Clothing) | \$     |
| Total outgoings   | \$     |

Section 6

# Other business interests

Are you or have you ever been concerned with any business in the Liquor industry or in a retail environment?  
*This includes being interested on its, his or her own account or as a shareholder, consultant, agent, employee, beneficiary, trustee or employee. If yes, please provide all details.*

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Are any of your family members presently or ever been concerned with any business in the Liquor industry or in a retail environment?  
*This includes being interested on its, his or her own account or as a shareholder, consultant, agent, employee, beneficiary, trustee or employee. If yes, provide all details.*

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Section 7

# General provisions

1 I understand that this application does not oblige Liquorland Limited or me to subsequently enter into a Franchise Agreement.

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2 I understand that under the Privacy Act 1993, I am entitled to request access to and correction of any information held by Liquorland Limited about me.

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3 I confirm that, to the extent I have disclosed information about other individuals on this form, I am authorised to do so. I also confirm that my partner/spouse has authorised Liquorland Limited to undertake a credit check on him/her.

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4 I confirm that I will keep all verbal and written communications between Liquorland Limited and me confidential at all times.

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5 I confirm that any other person(s) who will be financially involved in running the business have also completed a copy of this application form.

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6 I confirm that the business is held in the name of a registered company and that all directors/ shareholders in the company will act as guarantors of the company's obligations under the Franchise Agreement.

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7 I declare that all information provided in this application is true and correct and hereby authorise Liquorland Limited to complete credit checks and enquiries as they see fit.

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Signed

Date

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# Checklist

Section 1

## Personal Information

- Landlord's details (if relevant)
- Education details

Section 2

## Work experience

- Current occupation details
- Previous occupation details

Section 3

## Proposed ownership details

- Details of directors
- Details of shareholders

Section 4

## Personal and credit references

- Personal references
- Credit references

Section 5

## Statement of position

- Details of Assets
- Details of Liabilities
- Details of Outgoings

Section 6

## Other business interests

- Previous concerns details

Section 7

## General provisions

- Signed and dated

Section 8

## Notes and comments

- Notes to determine suitability

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Please post or email this form to your closest Regional Operations Manager if you have any questions please do not hesitate to call.

### Upper North Island

Mark Satherley 027 200 1363  
marks@liquorland.co.nz

### Lower North Island

Shane Elers 027 273 1997  
shanee@liquorland.co.nz

### South Island

James Laird 021 823 052  
jamesl@liquorland.co.nz

Once we receive this form, we'll be in touch with your next step.



**LiquorLand**  
*Wine. Beer. Spirits.*

**Liquorland Limited**

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DX Box EX11366  
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